

## **1. What is elder abuse?**

Elder abuse is a term referring to any negligent act by a caregiver or any other person that causes harm or a serious risk of harm to a vulnerable adult. Illinois law defines abuse, neglect and exploitation as:

- Physical Abuse means inflicting physical pain or injury upon an older adult.
- Sexual Abuse means touching, fondling, intercourse, or any other sexual activity with an older adult, when the older person is unable to understand, unwilling to consent, threatened or physically forced.
- Emotional Abuse means verbal assaults, threats of abuse, harassment or intimidation.
- Confinement means restraining or isolating an older person, other than for medical reasons.
- Passive neglect means the caregiver's failure to provide an older person with life's necessities, including, but not limited to, food, clothing, shelter or medical care.
- Willful deprivation means willfully denying an older person medication, medical care, shelter, food, a therapeutic device or other physical assistance, and thereby exposing that person to the risk of physical, mental, or emotional harm--except when the older person has expressed an intent to forego such care.
- Financial Exploitation means the misuse or withholding of an older person's resources by another, to the disadvantage of the elderly person or the profit or advantage of someone else.

Elder abuse can affect people of all ethnic backgrounds and social status and can affect both men and women.

## **2. What are the warning signs of elder abuse?**

While one sign does not necessarily indicate abuse, some tell-tale signs that there could be a problem are:

- Bruises, pressure marks, broken bones, abrasions, and burns may be an indication of physical abuse, neglect, or mistreatment.
- Unexplained withdrawal from normal activities, a sudden change in alertness, and unusual depression may be indicators of emotional abuse.
- Bruises around the breasts or genital area can occur from sexual abuse.
- Sudden changes in financial situations may be the result of financial exploitation.
- Bedsores, unattended medical needs, poor hygiene, and unusual weight loss are indicators of possible neglect.
- Behavior such as belittling, threats and other uses of power and control by individuals are indicators of verbal or emotional abuse.

- Strained or tense relationships, frequent arguments between the caregiver and elderly person are also signs of emotional abuse. Read our section on Family Caregivers for more information about how caregivers can prevent elder abuse.

Most important is to be alert. The suffering is often in silence. If you notice changes in personality or behavior, you should start to question what is going on.

### **3. What is meant by dysfunction?**

The term dysfunction is not defined in law, but is understood to mean any physical or mental condition which would render an older person unable to seek help for himself or herself. Such conditions might include dementia, paralysis, speech disorders, being confined to bed and unable to reach or use a telephone, etc. It is up to the professional person's judgment as to whether an older person is able to self-report.

The reporter may ask himself or herself the following questions to help determine if a person has the mental capacity to self-report:

1. Does the person understand the acts of the situation?
2. Does the person express a free choice about his or her situation?
3. Does the person understand the risks and benefits of that choice?

**NOTE:** If a reporter is unsure whether an older person is able to self-report, but suspects that the person is being abused, neglected or financially exploited, the Department on Aging encourages the reporter to voluntarily report the situation to the Elder Abuse and Neglect Program.

### **4. What makes an older adult vulnerable to abuse?**

Social isolation and mental impairment (such as dementia or Alzheimer's disease) are two factors that may make an older person more vulnerable to abuse. But, in some situations, studies show that living with someone else (a caregiver or a friend) may increase the chances for abuse to occur. A history of domestic violence may also make a senior more susceptible to abuse.

### **5. Who are the abusers of older people?**

Abusers of older adults are both women and men. Family members are more often the abusers than any other group. Data shows that adult children were the most common abusers.

The bottom line is that elder abuse is a family issue. As far as the types of abuse are concerned, financial exploitation is the most common type of abuse identified.

### **6. Are there criminal penalties for the abusers?**

Illinois has increased penalties for those who victimize older adults. Increasingly, across the country, law enforcement officers and prosecutors are trained on elder abuse and ways to use criminal and civil laws to bring abusers to justice.

## **7. How many people are suffering from elder abuse?**

It is difficult to say how many older Americans are abused, neglected, or exploited, in large part because surveillance is limited and the problem remains greatly hidden. Findings from the often cited National Elder Abuse Incidence Study suggest that more than 500,000 Americans aged 60 and over were victims of domestic abuse in 1996.

This study also found that only 16 percent of the abusive situations are referred for help - 84 percent remain hidden. While a couple of studies estimate that between 3 percent and 5 percent of the elderly population have been abused, the Senate Special Committee on Aging estimates that there may be as many as 5 million victims every year.

One consistent finding, over a ten-year study period, is that reports have increased each year.

## **8. How does a person make an elder abuse report?**

Anyone who suspects that an older person is being mistreated by another should call one of the following numbers: The Department on Aging's Senior HelpLine at 1-800-252-8966 (Voice and TTY) during regular business hours (8:30 a.m. to 5:00 p.m. Monday through Friday); The Department on Aging's After-Hours Elder Abuse Hotline at 1-800-279-0400 (5:00 p.m. to 8:30 a.m. Monday through Friday; and all weekend and holiday hours);

Elder Abuse and Neglect Program services are provided through local agencies which are designated by the Area Agency on Aging and the Department on Aging. All elder abuse caseworkers are trained and certified by the Department, which also promulgates the Program's policies and procedures and oversees the monitoring of services through the Area Agencies on Aging.

## **9. When must elder abuse be reported?**

When an older person, because of dysfunction, is unable to self-report, professionals and state employees must report, within 24 hours, any suspected abuse, neglect or financial exploitation to the Department on Aging's Elder Abuse and Neglect Program. The requirement to report includes any time a mandated reporter is engaged in carrying out his or her professional duties.

## **10. Who is required to report under the law?**

"Mandated Reporter" includes any of the following people who suspect abuse while engaged in carrying out professional duties:

- A professional or professional's delegate while engaged in:
  - social services,
  - the care of an eligible adult or eligible adults,
  - education,
  - law enforcement,

- Any of the occupations required to be licensed under the:
  - Clinical Psychologist Licensing Act
  - Clinical Social Work and Social Work Practice Act
  - Illinois Dental Practice Act
  - Dietetic and Nutrition Services Practice Act
  - Marriage and Family Therapy Licensing Act
  - Medical Practice Act of 1987
  - Naprapathic Practice Act
  - Illinois Nursing Act of 1987
  - Illinois Occupational Therapy Practice Act
  - Illinois Public Accounting Act
  - Illinois Optometric Practice Act of 1987
  - Pharmacy Practice Act of 1987
  - Illinois Physical Therapy Act
  - Physician Assistant Practice Act of 1987
  - Podiatric Medical Practice Act of 1987
  - Professional Counselor and Clinical Professional Counselor Licensing Act
  - Respiratory Care Practice Act
  - Illinois Speech-Language Pathology and Audiology Practice Act
  - Nursing Home Administrators Licensing and Disciplinary Act
  - Veterinary Medicine and Surgery Practice Act of 2004,
- an employee of a vocational rehabilitation facility prescribed or supervised by the Department of Human Services,
- an administrator, employee, or person providing services in or through an unlicensed community-based facility,
- a Christian Science Practitioner,
- field personnel of the Departments of Public Aid, Public Health, and Human Services, and any county or municipal health department,
- personnel of the Department of Human Services, the Guardianship and Advocacy Commission, the State Fire Marshal, local fire departments, the Department on Aging and its subsidiary Area Agencies on Aging and provider agencies, and the Office of State Long Term Care Ombudsman,
- any employee of the state of Illinois not otherwise specified who is involved in providing services to eligible adults, including professionals providing medical or rehabilitation services and all other persons having direct contact with eligible adults,
- a person who performs the duties of a coroner or medical examiner,
- a person who performs the duties of a paramedic or an emergency medical technician.

As defined in the Elder Abuse and Neglect Act (320 ILCS 20/1 et seq.), as amended.

## **11. Are bankers and attorneys required to report?**

Because of the confidentiality restrictions of their professionals, bankers and attorneys are not mandated to report suspected elder abuse. They are, however, like all others, encouraged to voluntarily report any suspected mistreatment of older persons.

## **12. Does the law provide any protections to reporters?**

The Elder Abuse and Neglect Act provides extensive protections to all reporters, whether voluntary or mandatory. Anyone who makes an elder abuse report in good faith is exempt from civil and criminal liability as well as any professional disciplinary action. These same protections are provided to any person who provides information, records or services related to a report.

The law also prohibits any retaliation by an employer against any employee who makes a good faith report of abuse, who is or will be a witness, or who will testify in any investigation or proceeding concerning a report of elder abuse.

In addition, by law, a reporter's name may be released only with the reporter's written consent or by the order of a court. The Department on Aging also accepts anonymous reports.

## **13. What happens when a report is made?**

### **Step I: Intake**

The agency receiving the call will do an intake. The reporter should be prepared to answer the following questions to the best of his or her ability:

- the alleged victim's name, address, telephone number, sex, age and general condition;
- the alleged abuser's name, sex, age, relationship to victim and condition;
- the circumstances which led the reporter to believe that the older person is being abused, neglected or financially exploited, with as much specificity as possible;
- whether the alleged victim is in immediate danger; the best time to contact the person; if she or he knows of the report; and if there is any danger to the worker going out;
- whether the reporter believes the client could self-report;
- the name, telephone number and profession of the reporter;
- the names of others with information about the situation;
- whether the reporter is willing to be contacted again;
- any other relevant information.

Even if the reporter does not have all of the above information, the call should be made with as much information as possible.

### **Step 2: Assessment**

Depending on the nature and seriousness of the allegations, a trained caseworker will make a face-to-face contact with the victim within the following time frames:

- 24 hours for life threatening situations,
- 72 hours for most neglect and non life-threatening physical abuse reports,
- 7 calendar days for most financial exploitation and emotional abuse reports.

The caseworker has 30 days to do a comprehensive assessment both to determine if the client has been mistreated and to determine his or her needs for services and interventions. If the abuse is substantiated, the caseworker involves the older person in the development of a case plan to alleviate the situation. The caseworker always attempts to utilize the least restrictive alternatives that will allow the older person to remain independent to the highest degree possible.

Services might include in-home care, adult day care, respite, health services, and services such as counseling. Other interventions might include an order of protection, obtaining a representative payee, having the person change or execute a new power of attorney for financial or health decisions, or assisting the client in obtaining other legal remedies. In some cases, services for the abuser are also obtained, including mental health, substance abuse, job placement or other services related to their problems.

### **Step 3: Follow-Up**

The caseworker may keep the case open 15 months from the date of intake in order to monitor the situation and to continually reassess the need for different interventions. Where the caseworker judges that the best interests, safety and well-being of the client require further follow-up service, the case may stay open for up to an additional 12 month period. If subsequent reports of abuse are received and substantiated, the case may be kept open even longer.

### **Confidentiality**

All reports and records of the Elder Abuse and Neglect Program are subject to strict confidentiality provisions.

## **14. What happens if a client does not want services?**

As an adult, a competent client may refuse an assessment and may refuse all services and interventions. This is called the client's right to self-determination. In practice, it is rare for a client to refuse an assessment, and 90% of clients whose abuse is substantiated consent to further services.

Where a client has dementia or another form of cognitive impairment, the Elder Abuse Program works to assess the situation and to provide services as needed. In some cases, the Elder Abuse Provider Agency petitions the court for guardianship in order to insure that the client's needs are met. Guardianship and nursing home placement are always the last resort.

## **15. Do reporters have to testify in court?**

The Elder Abuse and Neglect Act requires that a mandatory reporter must testify fully in any judicial or administrative hearing resulting from the report. This outcome occurs in only a very small number of cases.

## **16. What are the penalties for failure to report?**

Any physician who willfully fails to report as required by this act shall be referred to the Illinois State Medical Disciplinary Board.

Any dentist or dental hygienist who willfully fails to report as required by this act shall be referred to the Department of Professional Regulation.

Any other mandated reporter required by this Act to report suspected abuse, neglect, or financial exploitation and, who willfully fails to report the same, is guilty of a Class A misdemeanor.

## **17. Who are the agencies responding to elder abuse, neglect, and financial exploitation?**

### **Illinois Department on Aging**

1-800-252-8966

(Voice and TTY)

Local Elder Abuse Provider Agencies also accept reports of elder abuse, neglect, and financial exploitation. The after-hours toll free number is 1-800-279-0400.

To view local contact information, by county, see below.

## **18. Who do I call if I suspect elder abuse?**

Each one of us has a responsibility to keep vulnerable elders safe from harm.

Call the police or 9-1-1 immediately if someone you know is in immediate, life-threatening danger.

If the danger is not immediate, but you suspect that abuse has occurred or is occurring, please tell someone. Relay your concerns to the local elder abuse provider agency, long-term care ombudsman (for nursing homes), or police.

If you have been the victim of abuse, neglect, or exploitation, you are not alone. Many people care and can help. Please tell your doctor, a friend, or a family member you trust, or call the Eldercare Locator help line immediately.

You can reach the Eldercare Locator by telephone at 1-800-677-1116. Specially trained operators will refer you to a local agency that can help. The Eldercare Locator is open Monday through Friday, 9 a.m. to 8 p.m. Eastern Time.

## **19. What should I expect if I call someone for help?**

When making the call, be ready to give the elder's name, address, contact information, and details about why you are concerned.

You may be asked a series of questions to gain more insight into the nature of the situation.

- Are there any known medical problems (including confusion or memory loss)?
- What kinds of family or social supports are there?
- Have you seen or heard incidents of yelling, hitting, or other abusive behavior?

You will be asked for your name, address, telephone number, etc. Anonymous calls are accepted in Illinois.

## **20. How can elder abuse be prevented?**

Educating seniors, professionals, caregivers, and the public on abuse is critical to prevention. On an individual level, some simple but vital steps to reduce the risk:

- Take care of your health.
- Seek professional help for drug, alcohol, and depression concerns, and urge family members to get help for these problems.
- Attend support groups for spouses and learn about domestic violence services.
- Plan for your own future. With a power of attorney or a living will, health care decisions can be addressed to avoid confusion and family problems, should you become incapacitated. Seek independent advice from someone you trust before signing any documents.
- Stay active in the community and connected with friends and family. This will decrease social isolation, which has been connected to elder abuse.
- Know your rights. If you engage the services of a paid or family caregiver, you have the right to voice your preferences and concerns. If you live in a nursing home, call your Long Term Care Ombudsman. The Ombudsman is your advocate and has the power to intervene. Please visit our Help for Elders and Families section to learn more.

All states have elder abuse and long-term care ombudsman programs, family care supports, and home and community care services that can help older adults with activities of daily living. Call the Eldercare Locator at 800-677-1116 for information and referrals on services in your area.



## **21. What is being done to stop elder abuse?**

At the national level, Elder Justice Act legislation has recently been proposed to provide federal leadership to help reduce elder abuse. The Elder Justice Coalition is working to help pass the Elder Justice Act.

Community collaborations, meanwhile, are playing an increasingly important role in educating the public and professionals. In recent years, State Attorneys General offices and law enforcement have stepped up efforts to prosecute. On the front lines, "multidisciplinary teams" (social workers, nurses, lawyers, etc.) have begun to be created to better target interventions.

Elder abuse coalitions also are working to make life safer for vulnerable elders and are an important step forward in the fight against elder abuse. Find out how you can be involved.

## **22. How can I help stop elder abuse?**

Knowing the warning signs of abuse is a first step toward protecting elders. Some specific tips: Become a community "sentinel" - Keep a watchful eye out for loved ones, friends, or neighbors who may be vulnerable. Speak up if you have concerns. That means even if you are not sure. You have a right to question. Be involved. Volunteer with older adults in your community. Support initiatives to increase and strengthen adult protective services in your state.